

## SOME ASPECTS OF LATTER DAY IRREGULARISM.\*

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An ever recurring question within the ranks of regular medicine is one which would have for its answer the solution of the problem relating to irregularism, and the developments of recent times, instead of detracting from the interest in this question seem rather to add weight to it, for it appears that the originators of new schools, isms, and pathies are vying with the breakfast food discoverers in the endeavor to furnish the world the very "latest and best" brand of health restorer.

Within the past twenty years, laws regulating medical practice and requiring certain standards for those who would engage therein, have become general. The various healing sects, therefore, have found it somewhat annoying to carry on their vocation without sanction of the authorities, so we see them pleading for separate and distinct legal recognition.

The osteopaths have led the way in this, and success has so crowned their efforts that others are emboldened to solicit the protection and sanction of the law. In our own city, a sect calling themselves naturopaths, have established a school and are clamoring for a place on the statutes. We must not be deceived in believing that they will fail in their aspiration to secure a legal foothold in the State. This clan and their adherents are growing stronger every day. Their cause and doctrines are upheld by a powerful local paper.

Similar organizations are forming in other parts of the country, and, if the past history of sectarian methods is any criterion, we may expect a determined persistent effort on the part of this body for separate legal standing. The fact that every measure of merit which they propose to incorporate in their system is in constant use by the regular school will scarcely have any effect before our lawmakers.

There is, of course, no more need for a separate school along the lines suggested by this band than there is for a separate school of organo-therapy, or sero-therapy, or for schools holding any exclusive ideas of treatment. It should be plain to all men that a physician, in the full sense of the word, looks upon the therapeutic knowledge of the world as a unit which should not be divided into fractional and incomplete elements to fit the narrow gauge ideas of every sectarian band.

Unfortunately, few regard the subject in this way and our lawmakers in particular seem inclined to assist in spreading the gospel of irregularism. It seems, therefore, that the law, instead of acting, as it should, as a barrier to these various organized bands of healers, is being made a protecting wall.

With osteopathy already well entrenched, naturopathy knocking at the doors, and chiroprathy on the threshold, we await, with interest, the entrance of other aspirants into the field. No doubt if some thermo-pneumatic individual were to found a school of practice based upon the administration of

hot air and should loudly proclaim its all sufficiency in treating disease, he would be able to pump enough of such atmosphere into the ears of sympathetic and gullible legislators to carry any desired measure with votes to spare.

Let us take osteopathy as a general example of these latter day sects, and briefly discuss it from several points of view. I take this body as being the most notable of recent sectarian organizations, and what I may say of them will apply very well to others of like character. The great plea of the osteopaths, when seeking legal recognition, is that their system is a new discovery, and that *it is able to stand alone as a separate and distinct method*. When, therefore, the lawmakers have granted legal recognition to this sect, they have acknowledged their claim, and the lay public naturally accept the endorsement. What effect then, does the legalization of this practice have upon the public? It means that the health seeker, when referred for manual treatment, will not be content with the services of a layman, but will request that one who is duly qualified as a physician, under the law, shall take the case. Legal recognition gives the osteopath the right to call himself doctor and to accept for treatment any case that may apply. The patient may say, "If I am to have manual treatment, I prefer to take it from a physician, from a man who has the same standing, before the law, that you have, and who the law says, is as capable to treat disease as any. When I consulted you about some refractive error of my eyes, you insisted on my seeing a regular licensed physician, an ophthalmologist, instead of the optician whom my friends wished me to consult. Your reason for insisting upon this course was that the optician, being a layman, was not a competent person to take charge of such matters, and on account of his ignorance of disease he might do some injury. But now, in this breakdown, you would entrust my case, for manual treatment, to the hands of a masseur, a layman, who knows no more concerning disease than does the optician, whose knowledge you have declared to be insufficient. Does it not appeal to you that, if my case requires this treatment, I should receive it from a legalized physician, who understands the pathology of the disease, and who can consequently go to work with a specific aim in view?"

In such light is the average layman beginning to look upon this question, and the comparison in variable form, is brought to our attention with increasing frequency. In days gone by, the barber being skillful with the knife, was called upon to do the cutting in surgical cases. We are not told that the tailor was selected to sew up the wound, although his dexterity with the needle should have entitled him to this part of the work. An optician might have a perfect understanding of optics, yet we would not allow him to undertake the correction of the ophthalmic difficulties of our patients. Should the photographer, the instrument maker, or electricians, be entrusted with therapeutic or diagnostic Roentgen Ray work, simply because they may be familiar with certain factors which enter into the physics of the Roentgen Ray?

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The busy practitioner may not have the time, inclination, or equipment to give electro-therapeutic treatment, but surely he does not refer his patients to laymen for this work. But when it comes to manual therapy, we have become so used to sending our patients to laymen for the treatment, that we regard it as a matter of course. Yet the need for professional care and discrimination in the application of manual therapy is as necessary as it is in the application of electro-therapy. Let us ask ourselves, therefore, why, in one case, we will not refer our patient to any but a regular physician, while in the other case we rest content with the services of a layman.

It is my belief that our profession deprecates the fact that we have become somewhat dependent upon non-professionals for the application of manual therapy. Our oversight or neglect in the matter has given the aforementioned organization an opportunity which never would have come had we, as a profession, given our personal attention to this form of treatment.

Manual manipulation, under various names, has been used for centuries as an aid in the treatment of disease and has become an established method in the practice of the regular school. Lack of time in busy professional life caused this work to be resigned almost entirely to the laity, whereby both the manual art and the medical profession have been injured.

I wish to consider the effect which the legal recognition of osteopathy has had upon the one to whom manual therapy has largely fallen, the masseur. Since the advent of this "new pathy" the work of the masseur has dwindled in comparison with previous years. The osteopath has so encroached upon the field of the masseur that it is growing difficult, in many instances, for him to make a living. The result, in many cases, will be one of two things. The masseur will carry on a practice, either openly or surreptitiously, accepting, diagnosing and treating patients, upon his own responsibility, or he will embrace the system which will, in a short time, give him the same legal standing and right to practice that we have. Instead of an assistant, we now have a lawful competitor, who is ready and anxious to draw upon our clientele. Had our competitor gained his right to practice by equal educational and preparatory standards with ourselves, we should not complain. The injustice of the case is in placing fifty per cent of knowledge on a legal parity with the standard, one hundred per cent. If this is not class legislation, then my idea of the meaning of the term is certainly very vague. Such legislation is an act to provide for the "free and unlimited coinage" of incompetent practitioners.

I would not wish it understood that I regard all masseurs as inclined to betray the trust placed in them by the physician. Many are faithful to their charge, but the profession has been betrayed by masseurs and lay helpers so repeatedly that I have come to believe that the average layman has little respect for medical ethics, unless he, in some manner, be constantly profiting by an observance of such ethics. But let there be a decrease or cessation of profit to

Mr. Layman and invariably we find him willing to cast our ethics to the ground, not infrequently leaving some trusting medical man in an embarrassing position.

One marked feature of sectarian missionary endeavor is the effort to place the regular school of medicine in a false position before the public. They are constantly aided in this work by various publications throughout the country. Their continual cry is that the regular school is narrow and so restricted in its practice that its members decry all methods of treatment outside of drug therapy. So constantly and thoroughly have they kept up these declarations that the lay public come to believe them and to consider the regular school as the narrowest sect of all. In fact, it is a rare thing to find a layman who understands our position in this matter, and it even appears that many regular physicians fail to realize that the very foundation of our practice lies in its unlimited liberality regarding the choice of therapeutic measures.

As a regular physician, it does not occur to me that there is a single recognized therapeutic method that can not legitimately be used or is not being used by the regular profession. In the face of this is the continual accusation of narrowness by sects whose practice is founded upon a single or restricted therapeutic base.

It should be most helpful to the regular physician to know that there are no limitations or restrictions placed in the way when he comes to administer to his patient. In treatment he has at his disposal the accumulated resources of medical knowledge and is free to use from this source whatever he believes to be the best for his patient. It is not necessary that he become an eddyite or dowieite in order that the power of suggestion might be made to play its part in therapeutics. Suggestion is as old as disease. It always has been and always will be used as an aid to other measures in treatment.

The osteopaths have appropriated to their use an old and valuable system of treatment, claiming a new revelation, a new birth, and giving the infant, born long before Hippocrates, a new name. Should we, on this account, drop manual therapeutics from our practice? Are we to give up our heritage because they claim it as theirs? Or shall we lay hold of our own and use it, as is our right to do?

The doctor does not have to become a follower of the old English bonesetters, or of this new American edition, in order that he may practice that branch of surgery which pertains to the reduction of dislocations, but sailing under the old flag he attacks that abnormal fortress, dislocation, and reduces it.

Is the physician an osteopath when he massages the abdomen in treating atonic conditions of that region, when he manipulates the leg in treating fibrous ankylosis of the knee, or when with the hands he endeavors to stimulate nutritive processes to certain spinal segments or other areas of the body? If this makes him an osteopath now, what did it make him twenty-five years ago when he did those things? In other words, it is perfectly ethical for the practitioner to use any form of manual treatment

that he believes will benefit his patient, and he should not consider it beneath his dignity to administer such treatment himself.

The time is here when we should personally administer specific manual treatment. When I say manual treatment, I have no reference to that general shampoo of the body which is given by the average rubber or masseur, but I mean that treatment that has back of it the brains of an educated medical practitioner, untrammelled by sectarian isms and pathies. I mean that treatment which has as its rational foundation a knowledge of anatomy and physiology with the training that enables one to make intelligent diagnoses and an understanding of the pathology which we are called upon to correct.

On account of this education and training, the physician only is qualified for the proper use of specific manual therapy, and by its means he may enhance the value of whatever other therapeutic measures are indicated, and he should not weaken the efficacy of his line of treatment by assigning this important branch to laymen.

The basic principle upon which the practice of osteopathy was founded is: That all disease is caused by some anatomical malposition, and that the correction of such abnormality would result in a cure of the disease. Originally, the displacement of some osseous structure was considered as the causative factor, but gradually the practice was broadened and we came to hear of ligament, muscle, bloodvessel and nerve wandering from their created paths. Now, as to the novelty of this claim, there will not be so much dispute, but as to the correctness of it, intelligent members of the medical profession must unanimously dissent. To accept this so-called lesion theory as the etiologic factor of disease and a therapeutic entity is a mistake which ranks with the acceptance of the claims of all other exclusive doctrines in its absurdity. Eliminate, therefore, from osteopathy, this dislocation theory, and we have nothing in this system of treatment differing from the manual treatment advocated and in use by the regular medical profession for many years.

What is to be the outcome of this particular wave of irregularism which has swept over the country in all directions? It is evident that the means which have been used to prevent this erstwhile single method pathy from becoming intrinched around us, have failed to a very large extent. It is true that some States have succeeded in preventing them from securing recognition on their statute books, but if the past decade is any sign of the future, we may expect that ten years hence there will not be a single State holding out against their entrance.

As regular practitioners we should have the safety of the public and the interest of our profession at heart, and should look with disfavor upon anything which has a tendency to lower the standard of our broad-minded school of practice. We believe that no system or school of healing, which is so contracted as to claim that certain restricted methods are all sufficient, should receive favor at the hands of our lawmakers; for such action does lower the high

standard of the profession, and its members, by placing on an equal legal footing, men ignorant or deficient, in many of the essentials relating to the diagnosis and treatment of disease. Such action is a menace to the public health, because the law says the sectarian is as competent and capable as any to treat disease. The public believe this and may choose as their physician a sectarian who, unless he be practicing under false colors, is limited in his knowledge and his treatment, and who can not, on account of such limitation, give to his patients the treatment that may be most essential. Therefore, in the interest of mankind and of the high ideals on which our practice is founded, we have felt the necessity for continuous effort in the endeavor to do away with all forms of sectarian practice. The methods taken to thwart the aspirations of the osteopathic cult for legal equality have been, in large measure, unavailing, and if the ways and means used in the past have not been entirely successful, it is reasonable to suppose that they will not be more so in the future. When, therefore, old methods fail, new ones must be tried.

A writer in the *Journal A. M. A.*, January 28, 1905, offers what he regards as a solution of the question. His idea is to establish schools which would give to laymen a two or three year course in manual therapeutics; the instruction to cover the course as given in the first two years in the best medical schools, including materia medica, the graduates to receive some professional title and be legally registered for practice. His thought is that this would give the physician a trained assistant to whom he could safely refer his patients for treatment. That this plan would be a serious mistake, I believe you will agree. It would result in the country being soon filled with the graduates of such schools, a motley crowd, half doctor, half layman. It would put into the hands of thousands of semi-physicians these valuable physical measures. We would have two organized sects, using practically the same treatment; the graduates of one school, however, recognized by law and so by the public, as physicians, while the graduates of the other school would not receive this standing. Consequently, they would not command the confidence of the public as would their competitors. This would, of course, result in discrimination in favor of those who receive full sanction of law to practice the healing art and to call themselves doctors or physicians. Those of the other school being denied this privilege and honor would suffer from the injustice of the conditions, and as it would be but a short step from their ranks to the osteopathic fold, it seems natural that there would result a marked immigration in this direction. Our proposed school would thus act as a generous feeder for this growing sect of irregulars.

What, then, is the solution of this question, for it must, and can be solved? Let us cease referring to laymen cases needing specific manual treatment, and let us ourselves personally administer such treatment, for no one can do this work with such definite and specific aim as can the physician; and it is no more beneath his dignity to fortify the

treatment of a sprained wrist by intelligent manipulation, then it is for him to palpate that wrist in his effort, to determine the amount of injury to the joint, and if the physician's education and training makes him eminently fitted to diagnose the condition, it most certainly marks him, and not the masseur, as the man to treat it, and this applies to any case in which manual therapy would be of service.

As regular practitioners we have no contention as to the value of the manual method, but it is a source of annoyance to us that it has fallen into irregular channels and is used as an exclusive system. But let us not, on this account, drop such a valuable adjunct from our therapeutic column. If we had followed this plan in every case where some sect had seized upon a portion of our treatment resources and announced a new "pathy," we would by this time have been left with but a meager list from which to choose our methods of treatment. We should not be dismayed by these exclusionists who endeavor to appropriate our treatment assets by nicking off a corner here and breaking off a piece there; but let us determine to overthrow these irregular classes by a better, more intelligent, scientific and general use of the methods which they are endeavoring to wrest from our grasp. If every item in our entire therapeutic list were taken up by the profession and thoroughly taught, studied and practiced, I believe that these irregular chips off the old block would soon pass into the history of medicine.

My solution of the problem under consideration you have heard in what has already been said, but in conclusion allow me to emphasize the main thought by a brief repetition. Let us stop assigning our patients to laymen for treatment. Let the profession personally utilize every legitimate and worthy therapeutic measure. Then let it be generally known that there is always opportunity for patients to receive any recognized treatment within the ranks of regular medicine. When these things have come to pass we will see a great host of irregulars looking for a job.

#### SARCOMA: TEN FEET OF INTESTINE REMOVED.

Mr. H., age 22. Family and personal history negative. In August, 1905, noticed something wrong with abdomen, but paid no attention to the slight discomfort. Examination February, 1906. Painful, movable tumor at right of umbilicus. No constitutional disturbance. A few days later the tumor was on the left side.

February 26, 1906, I made an incision, exploratory or operative, and a nodular tumor mass presented in the mesentery of the small intestine. The mass was necrotic in places. The tumor was as large as two fists. The mesentery for several feet along the intestine was greatly thickened. The tumor extended quite to the posterior wall of the abdomen. The peritoneum was dissected from the posterior part of the tumor and a large branch of the superior mesenteric artery was ligated. The mesentery was then divided out to the intestine at right angles after making a double row of ligatures on each side of each divide. The tumor was then dissected loose and with the mesentery roller out of the wound. The cut edges of the mesentery were approximated with catgut. The intestine was divided in the jeju-

num and about six inches from the ileocecal valve. The ends were anastomosed with a Murphy button. Before dropping the intestine containing the button into the abdomen, all the exposed surfaces were bathed with a 1:500 solution of succinic dioxide. One quart of normal salt solution was left in the abdomen and one pint administered subdermally.

Patient put to bed and cracked ice ordered for thirst. Opiates for pain. No vomiting followed. On fifth day patient drank milk. On eighth day enema gave good result, all enemata previously having failed. Button passed at the end of the sixteenth day.

The microscope showed the tumor to be a spindle called sarcoma. The tape showed that we had removed ten and one-half feet of the small intestine.

September 28, 1906, seven months later, the man is apparently well and says he feels in perfect health. He eats what he likes and has no trouble with his bowels. The patient weighed 125 pounds and was short in stature. Of course we could not measure the intestine that remained, but it appeared shorter than that removed.

H. R. MARTIN, M. D.

#### A CORRECTION.

To the Editor of the State Journal: Unfortunately, an error has inadvertently occurred in my paper in the "State Journal" of September. It was stated that the "American Journal of Dermatology and Genito-Urinary Diseases" was divided into two periodicals. This should have been "The Journal of Cutaneous and Genito-Urinary Diseases," for it was the latter journal which was divided into two periodicals, one becoming The Journal of Cutaneous Diseases, exclusively devoted to skin affections, and the other, The American Journal of Urology, which became the official organ of the National Urological Association.

Respectfully yours,

M. KROTOSZYNER.

#### COUNTY SOCIETIES.

##### SACRAMENTO COUNTY.

The regular monthly meeting of the Sacramento Society for Medical Improvement was held October 16, 1906, at the office of Dr. W. E. Briggs, President Wright in the chair.

Present: Drs. Bramhall, W. A. Briggs, W. E. Briggs, Cox, Culver, Dufficy, Fay, Hanna, Hart, Hatch, Henderson, Henrikson, Hesser, James, Look, McGavren, McKee, Parkinson, Pitts, Poore, G. L. Simmons, S. E. Simmons, Sutliff, Twitchell, G. A. White, Wilder and Wright. Visitors: Drs. Barr of Marysville, and Turner of Sacramento.

Minutes of the preceding regular meeting read and approved. A communication was received from the Secretary of the State Society, urging that the committee to act with the legislators from this Senatorial district be appointed at once, and saying that the matter of delaying such appointments until after election, as suggested by this Society at its last meeting, was out of his hands as, under directions from the President of the State Society, about one-half of these committees had already been appointed.

It was duly moved, seconded and carried that the Secretary of this Society be instructed to notify the Secretary of the State Society that the Sacramento Society would furnish the list of names from which its committee is to be appointed at its next regular meeting, which will be after election.

Report of cases: Dr. W. A. Briggs reported a case of furuncle of the scalp treated by the Bier method and followed by a general pyemia. Dr. A. M. Henderson reported a case of carbuncle of the back treated by free crucial incision and curettment and followed by a general pyemia. A discussion followed and became general on methods of treatment of such infections.